

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J85415

**Entity Name:** CHRISTENSEN ENTERPRISES, INC.**Current Principal Place of Business:**358 SAW MILL RIVER ROAD  
MILLWOOD, NY 10546**Current Mailing Address:**358 SAW MILL RIVER ROAD  
MILLWOOD, NY 10546 US**FEI Number:** 59-2911139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-8136 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT  
Name            SORBARO, DAVID  
Address        358 SAW MILL RIVER ROAD  
City-State-Zip: MILLWOOD NY 10546

Title            PRESIDENT  
Name            SORBARO, VICTOR S  
Address        358 SAW MILL RIVER ROAD  
City-State-Zip: MILLWOOD NY 10546

Title            SECRETARY  
Name            PAPAS, JENNIFER  
Address        358 SAW MILL RIVER ROAD  
City-State-Zip: MILLWOOD NY 10546

Title            TREASURER  
Name            CHRISTENSEN, FRED  
Address        358 SAW MILL RIVER ROAD  
City-State-Zip: MILLWOOD NY 10546

Title            DIRECTOR  
Name            WADE, JIM  
Address        358 SAW MILL RIVER ROAD  
City-State-Zip: MILLWOOD NY 10546

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JENNIFER PAPAS****SECRETARY****04/20/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date